

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>EW</i>	<i>68904</i>	<i>7/14/02</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>LD</i>	<i>75353</i>	<i>9-7-00</i>
RESPONSE FORMALITY REVIEW			

*10/25/00 LD*

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 - ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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